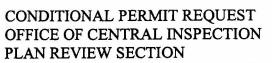
## OFFICE OF CENTRAL INSPECTION PLAN REVIEW SECTION CONDITIONAL PERMIT REQUEST

PROJECT NAME:			
ADDRESS: ————			
LEGAL DESCRIPTION: -			
			SEE ATTACHMENT
I (We) request a conditiona	al permit to proceed with const	truction of:	
		pertinient codes, ordinances an ssurance that the building perr	
-		d, I (we) agree to return the lar	d to the condition existing
OWNER (Print Name and	DATE		
CONTRACTOR (Print Nan	ne and Sign)		DATE
************	**************************************	BELOW THIS LINE**********	*******
100	FOOTING	550	INSULATION
110	SETBACK	560	PARKING LOT
120	FDN WALL	570	SCREENING
230	REINF SLAB	580	CUP REQ'MTS
300	ROOFING	590	BZA REQ'MTS
310	FRAMING	800	PARTIAL C/O
400	WALL BD	810	TEMP C/O
520	SPEC INSP RPT	850	TEMP C/O COMP
530	SPRINKLERS	990	FINAL
540	SITE GRADING	999	FINAL OVERRIDE
COMMENTS:			
THE CONDITIONAL PERI	MIT IS APPROVED, SUBJEC	T TO THE LIMITATIONS LIST	ED ABOVE.
CENTRAL INSPECTION			DATE
FIRE DEPARTMENT			DATE



TELE: 316.268.4477 FAX: 316.268.4663



Office of Central Inspection
455 N. Main 7th Floor Wichita, KS 67202-1600

PERMIT NUMBER	T 316.268.4660 F 316.268.4663
PROJECT NAME	
PROJECT ADDRESS	
LEGAL ADDRESS	
I (We) request a conditional permit to proceed with const	
Wichita and shall proceed at my (our) own risk without will be granted. If the permit for the entire building is no existing prior to the start of construction work specified a By the issuance of this building permit, I acknowledge the of the City Code concerning erosion and sediment control.	the requirements of and agree to comply with Chapter 16.32 of requirements on this construction site. I agree to install CONSTUCTION BEGINS, and to maintain said devices in restand that failure to comply with the requirements of a stipulated therein, as well as other federal and state at needs to be done at this site, call the Storm Water
Owner (Name and signature)	Date
Contractor (Name and signature)	Date
Contractor Address	
Contractor Telephone	
COMMENTS	
THE CONDITIONAL PERMIT IS ACCEPTED	D, SUBJECT TO THE LIMITATIONS LISTED
Central Inspection	Date